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Review of *The Political Sociology of the Welfare State: Institutions, Social Cleavages and Orientation*. Stefan Svallfors, Editor. Reviewed by Richard J. Smith.

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Book Reviews

Stefan Svallfors (Ed.). *The Political Sociology of the Welfare State: Institutions, Social Cleavages and Orientation*. Stanford: Stanford University Press, 2007. \$55.00 hardcover.

Stefan Svallfors's book assembles a collection of empirical studies that extend the typologies developed by Wilensky and Esping-Andersen on welfare state regimes. By using new data available in the European Union, including the International Social Survey Program and the European Social Survey, these articles are able to connect welfare state regimes to the structure of political institutions, within country differences based on race, gender and class and the political orientations and ideologies manifest in welfare states. In doing so, this collection moves the knowledge base of political sociology incrementally by testing explanatory theories and their normative implications.

In chapter two, Edlund uses latent class analysis to reject the hypothesis that poor economic conditions lead to conflict over welfare benefits in favor of general preferences for the status quo. The next chapter by Kumlin asks if dissatisfaction with the welfare state leads to it being overwhelmed by advocates for increased benefits or undermined by the frugal taxpayer and finds no clear answer. In chapter four, Oskarson, finds a strong relationship of welfare dissatisfaction and social risk such as employment prospects on a Marx/Weberian political alienation scale. This supports the marginalization hypothesis and identifies negative consequences for welfare retrenchment. Next, Pettersson identifies an increased log likelihood for political action in the health care arena in Swedish regions that have a lower quality evaluations. Svallfors contributes in chapter six a comparison of class attitudes on wealth redistribution. He is unable to definitively refute the hypothesis that all social classes have resigned themselves to the market but does

present texture to institutional responsiveness to the demands of different groups. Perhaps the most interesting chapter unequivocally rejects fears that recommodification, immigration and the European Union has led to the death of the nation state. Hjerm uses a multi-level model to find no significant differences between 1995 and 2003 panels of attitudes towards national sentiments. The book closes with a brief summary of scholarship on voting behavior and the welfare state.

The strength of the edited work is in its use of cutting edge statistical procedures on large multi-country data sets to test hypotheses grounded in the rich literature of political sociology. The editor acknowledges the limits of the cross sectional data and recommends that the European Union launch a true longitudinal social survey so that individual level attitude changes about the welfare state may be modeled directly. The biggest absence in the volume, arguably driven by comparable data, is the failure to include nation states outside of the OCED.

I recommend this book for active empirical researchers of the welfare state. It may be too technical for scholars in related fields because it assumes working knowledge of the literature. However, any emerging scholar who works with large clustered data may find it instructive because the methods are described in operational detail.

Richard J. Smith, University of California, Berkeley

Paul V. Dutton, *Differential Diagnosis: A Comparative History of Health Care Problems and Solutions in the United States and France*. Ithaca, NY: Cornell University Press, 2007. \$29.95 hardcover, \$19.95 papercover.

Although many social policy scholars believe that the French health care system is substantially more socialized than the U.S. system, this is far from accurate. The U.S. system is more socialized than many people realize due to tax breaks employers get for employer-based health care, the increase in the rolls of both Medicaid and Medicare, recent Medicare expansion, and the high costs of care associated with an aging